



**Costa Mesa Sanitary District**  
290 Paularino Ave.  
Costa Mesa, CA 92626  
Phone: (949) 645-8400 Fax: (949) 650-2253  
Email: [permits@cmsdca.gov](mailto:permits@cmsdca.gov)

**For Office Use only**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Permit Number:

## Sewer Permit Application

Project Information			
<input type="checkbox"/> SFR <input type="checkbox"/> MFR <input type="checkbox"/> Condo/Townhome <input type="checkbox"/> Comm/Ind. <input type="checkbox"/> Food Service Est. <input type="checkbox"/> Pool & Spa			
Address:		Suite/Unit #:	
City:	State:	Zip Code:	
Work Description:			
Owner/Tenant Information			
First Name:		Last Name:	
Address:		Suite/Unit #:	
City:	State:	Zip Code:	
E-mail Address:		Phone Number:	
Applicant/Agent Information			
First Name:		Last Name:	
Address:		Suite/Unit #:	
City:	State:	Zip Code:	
E-mail Address:		Phone Number:	
Architect/Engineer Information			
First Name:		Last Name:	
Address:		Suite/Unit #:	
City:	State:	Zip Code:	
E-mail Address:		Phone Number:	
Contractor Information			
First Name:		Last Name:	
Address:		Suite/Unit #:	
City:	State:	Zip Code:	
E-mail Address:		Phone Number:	
State License Number:	Class:	Expiration Date:	

**Expiration:** Every permit shall expire by limitation and become null and void if the work authorized by such permit is not commenced within 180 days from the issued date of such permit.

**Additional Requirements:**

Certificate of Insurance + Endorsement will be required for any excavation in the public right-of-way.

CCTV of the sewer lateral will be required if it meets one of CMSD Ordinance Chapter 6.03 regarding Televising and Repair of Sewer Laterals criteria.

**There will be a \$15.00 service charge on all returned checks.**